The Hampden Hippocrat

A Bulletin for the Hampden District of the Massachusetts Medical Society

VOLUME XIII JUNE, 1957 No. 6

HOW TO SHORTEN LONG MEETINGS

The annual meeting of April 30 lasted considerably longer than was desirable. Of this there is no doubt. The session began early enough, right after the roast beef dinner, but long after 11 o'clock things were still humming with debate and discourse. In the meantime the membership, much of it tired, numb and listless, began to disperse, leaving a bare quorum to transact the most important business of the evening, election of officers.

What was the cause of it? Why was the meeting so lengthy and so protracted? The answer is quite simple: too many reports. Incredible as it may sound no less than 27 of them appeared on the agenda. Most of these reports were of unusual excellence, reflecting a tremendous amount of effort and diligence on the part of their committees. Each more than merited our undivided attention as well as our most careful and most thorough deliberation. Nevertheless, it would seem, in retrospect at least, that many of these reports might well have been postponed to some other and more propitious time. Only standing committees are expected to report routinely at annual meetings. Special committees need necessarily do so only if their mission has been accomplished, and as far as sub-committees are concerned their reports at an open meeting are apparently always out of order. According to Robert's Rules of Order, sub-committees are to report only to the parent committee " . . . and never to the assembly". This means that the Medico-legal, Malpractice, Labor Relations and Industrial Accident sub-committees should instead have presented their reports before a meeting of the Special Study Committee of which they are subsidiaries. It should be noted, furthermore, that most of the debate of the evening, as well as the three proposed amendments to the by-laws, stemmed from the reports of these sub-committees.

Protracted meetings are detrimental to the health and welfare of organizations. They tend to discourage attendance. They also interfere with the leisurely and thoughtful consideration of worthy matters. It is safe to assume that suitable steps will be taken to prevent a recurrence of the unduly prolonged meeting, annual or otherwise.

M. M.

ANNUAL MEETING STATISTICS

Number of members promised to attend	188
Number attended	147
Number reneged	41
Number at election of officers (11:25 P. M.)	54

Q.E.D. less than 11% of membership elected the officers for 1957-58.

Allen G. Rice, M. D., Sec.

Hampden Hippocrat

"Life is short and art is long, the occasion fleeting, experience fallacious and judgment difficult." —Hippocrates, 430 B.C.

Published monthly except July and August.
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HAMPDEN DISTRICT MEDICAL SOCIETY

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IN DOCTRINA

'Brain-washing' entered the accepted vernacular comparatively recently. Originally applied to the practices of Chinese Communism, the term signified the replacement of one set of political ideas by another by indoctrination. But the teaching of tenets as such is of much more ancient origin. Ennius, as cited by Cicero under a second century B. C. date, asserted that "The Roman state stands by ancient customs and its manhood." When those declined, the Empire fell.

To meet the needs of new members, the Socratic method of inculcation would prove impractical,—almost as much so as the ruthless tactic of the fascists. A striking example of the latter, the story of Cheng Lim Fei, was published in the April 1957 issue of the Reader's Digest. The disillusionment of Lei, who along with shiploads of other overseas students, had been induced by Red agents to return to their native land, in expectation of a Communist paradise, was profound. "What I found," he said, "was more like Hell!"

If there are plenty of imperfections in the 'Paradise' in which we live, at least we are not forced to 'ride the tiger's back'. Standards of medicine have risen to praiseworthy heights in our country. But if we heed the lessons of Rome and do not maintain worthy traditions, not forgetting manhood, we shall go down in our turn.

Doctors not only should keep abreast of advances but they must fit themselves to treat the whole man, remembering that first and last he is human. Fellow practitioners should merit the same consideration. Just as urgently, doctors should heed the needs of their country in the field of politics and in armed service. Only in this manner may the United States of America remain an inspiration and a refuge for ourselves as well as the oppressed and ailing peoples of the world. The A. M. A. is cognizant of the importance of indoctrination and has passed the word down through the State to the District societies. Dr. Joseph Baker was chosen to head the local committee. He arranged a dinner meeting for approximately twenty neophytes in our District and put them at ease with ethyl spirits and slabs of succulent beef as a memorable beginning. President Holleran welcomed them into membership.

To paint a suitable back-drop, the Chairman dusted off the wax-works and introduced Dr. Bagg. The latter dealt with opportunities, especially to frogs in small puddles, that are open to practitioners of medicine to enter into the lives of patients and their community. He also emphasized the

Address Business Correspondence to:
Dr. John E. Leary
146 Chestnut Street — Springfield, Mass.
Telephone: RE 4-3381

value of attending medical meetings and continuing their never-ending education through clinical sessions and scientific exhibits.

Another ex-president, Dr. Fred Hagler, described in detail the machinery of the various medical societies involved, and urged participation of all members. The new president of the Hampden district, Dr. Allen Johnson, brought the men up to date with news of the commonest complaints that reach the Committee on Ethics and Discipline (as a forewarning), while Dr. John Turner finished off the comprehensive program with a discussion of law suits and their increase; and what to do about them.

As for me, the beef was done to a turn, the spirits were of the best, and the belief persists that each of the participants agreed that the whole affair was well worth while.

S. Q. Lapius

MEDICAL FRAUD AND QUACKERY

According to Postmaster General Arthur E. Summerfield:

(1) Use of the mails to promote medical quackery is at the highest level in history.

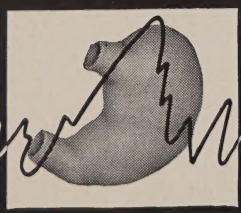
(2) Medical Fraud cases now pending represent an annual loss to the public of $50,000,000.

(3) Medical frauds most common today, in order of popularity, are "dietless" reducing schemes, and "sure cures" for cancer, arthritis, skin trouble, baldness. and "lost manhood." Bust development gimmicks are also on the best seller lists.

(4) The latest in "cancer cure" devices is supposed to contain "atomic" material.

Mr. Summerfield urges citizens to report suspected mail frauds to the post-office department for prompt investigation.

for "the butterfly stomach"



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COMMITTEE FOR HEALTH AND ACCIDENT INSURANCE

Annual Report (Abstract)

The National Casualty Co. still has 167 members in its group. The North American Acc. Ins. Co. had 175 members on 4/20/56 and 138 members on 8/1/56. After August 1st 1956 no renewals were accepted and the group was cancelled. All obligations on policies still in effect will be met. The North American Acc. Ins. Co. will issue individual policies on which they will do underwriting but it is cancellable and its renewal is NOT guaranteed. It is *not* recommended.

The Massachusetts Casualty Insurance Co. has an attractive policy guaranteed renewable to age 65. Mr. Hanifin is the District Representative and all members have been contacted by letter. Inasmuch as many of the groups are having difficulties, the members are urged to seriously consider this plan as it is NON-CANCELLABLE. Many of the groups are reducing benefits, increasing premiums, excluding certain members, changing insurance companies (which is another "legal" method of excluding or dropping certain members particularly if they happen to have had claims), putting into effect a sliding scale of premiums depending on age at the annual renewal date, etc. *This plan is guaranteed renewable, non-cancellable* and the premium remains as on date of issue. It is even cheaper for the younger age groups, especially if the longer waiting periods are elected. It has been approved unanimously by the committee.

It is recommended that this committee be reappointed. It is also recommended that a new committee be appointed to study and consider professional liability insurance. The Accident and Health Insurance Committee has had several calls regarding this type of insurance but this Committee feels that it lacks jurisdiction and that another committee should be appointed to handle that problem.

Wm. J. Cosgriff, M. D.
Chairman

NOTICE

At the annual meeting of Hampden District Medical Society it was voted that the following recommendations of the Subcommittee on Industrial Accidents be published in the Hampden Hippocrat:

"For individual surgical procedures either the new Blue Shield Master Plan (yet to be published) or the New Medicare Plan is acceptable to the committee.

(1) First visit, examination and report, $15.00.
(2) Routine office visits, $5.00.
(3) House calls, $10.00.
(4) Hospital calls, $4.00. There would be no charge by the surgeon for the first 14 postoperative days.
(5) Emergency-room fee for examination and initial treatment at $25.00 for the first hour, and $12.50 for each subsequent half hour or portion thereof.
(6) Examinations and reports at physician's office, at insurance company's request — short reports, $15.00 — long report, $25.00.
(7) Examination and report away from office, depending upon distance and time consumed, $20.00 minimum, $30.00 maximum, plus distance traveled at $1.00 per mile outside city limits.
(8) Appearance at court hearings, $50.00, and also board hearings.
(9) Hospital visits on complicated postoperative patients, $4.00 per day beginning on the 15th hospital day.
(10) In cases requiring services of two physicians, each physician shall be paid for necessary hospital care.
(11) Surgical assistance fee, $25.00 per hour, plus $12.50 for each additional half hour, or portion thereof."

Allen G. Rice, M. D.
Secretary

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SCHERING

WANTED: A DISEASE

The A.M.A. headquarters office receives bags of mail each day, but seldom do we receive a more hilarious letter than the one which came in a few days ago from a Morristown, N. J. citizen with a sense of humor. Countless fund drives to eradicate countless diseases motivated his letter which was addressed to the American Medical Association:

George H. Lull, M.D.,
Secretary, A.M.A.

"Gentlemen:

"For many years past I have been what might be termed an amateur student of medicine. I have also been interested more particularly in the organizations which have taken upon themselves the collection of monies to be devoted largely to the eradication of various diseases which still plague mankind.

"Lately, the matter of raising funds for research looking to the cure of some dread malady has so intrigued me that I am seized with an uncontrollable desire to start a Foundation of my own. I have an impressive roster of sponsors, including such well known names as James DeWitt Rockefeller, (Local Boy), Horace Pulham Whitney (an up country lad) and many more equally famous. I have had an impressive letterhead designed by a leading commercial artist. I have an exceptionally fine mailing list of persons in the upper income brackets.

"My purpose in writing to you gentlemen, is to plead for your assistance in one simple aspect of my plans, namely won't you select a good disease for me? I have thought of beri-beri, pellagra, elephantiasis, trichinosis and many others, but when I look up the words in the dictionary, I always encounter some difficulty; the first three are tropical and I don't want to have to confine my efforts to the deep south. The fourth has something to do with pigs and certainly does not have the romantic urge so sorely needed for the success of a project of this kind. I rather fancied leukemia but only recently it was taken by another group. (I always thought it was a cancer of the red blood cells but I guess I was wrong.) Do you think that "Auricular and Ventricular Fibrillation" has possibilities? It has a beautiful ring to it, a sort of poetic, rhythmic cadence and even though it is only a mild heart condition, I doubt that many prospective donors would look it up.

"But I shouldn't be expatiating on my own ideas when I intend to be guided solely by your good advice in the matter. Might I also suggest that you name an alternate, since by the time your letter arrives, the first selection may already be taken.

"When I really have my organization in a sound financial position, I plan to underwrite what might be termed an auxiliary charity. With the continuing success of the Salk vaccine, there will undoubtedly be many people in that field without jobs and I propose insofar as possible to absorb them into my organization, thus avoiding a major unemployment problem.

"It follows, therefore, that the ailments you suggest must present almost insurmountable obstacles to the research scientists, since I do not want them to arrive at a successful conclusion in a mere matter of a year or two. Such an unhappy contretemps would only necessitate a fresh start, all of which would be demoralizing to staff and contributors.

"'I wait with anxiety your prompt reply. Thank you!'"

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Pamine-Phenobarbital Tablets containing methscopolamine bromide, 2.5 mg., and phenobarbital, 15 mg. (¼ gr.) in bottles of 100 and 500.

Usual adult dosage:
1 tablet ½-hour before meals and 1 or 2 tablets at bedtime.

Pamine-Phenobarbital, Half-Strength Tablets, containing methscopolamine bromide, 1.25 mg. and phenobarbital, 8 mg. (⅛ gr.) in bottles of 100.

Usual adult dosage:
2 tablets ½-hour before meals and 2 to 4 at bedtime (or 2 tablets four times daily).

Pamine-Phenobarbital Elixir containing 1.25 mg. methscopolamine bromide, and 8 mg. (⅛ gr.) phenobarbital per 5 cc. teaspoonful. In pint bottles.

Usual adult dosage:
2 teaspoonfuls four times daily.

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SPECIAL STUDY COMMITTEE

Second Annual Report (Abstract)

At a special meeting in May of 1956, the Hampden District Medical Society voted to accept the recommendations of the Special Study Committee. (*Hippocrat, Summer,* 1956). President Holleran subsequently re-appointed the Special Study Committee, enlarged it, and charged its members to initiate action on behalf of our Society in the fields of medico-legal-economic relationships. (*Hippocrat, Jan.* 1957).

The Brochure Committee has not been expanded beyond the chairman because, up to the present time, its work in the main has been simply that of compilation of recommendations and other data, but ultimately this committee will need enlargement for completion of its work. Tonight you have heard detailed reports on Malpractice, Labor, Industrial Accident Board and Medicolegal sub-committees. It is recommended:

1. That the Brochure Committee, under the chairmanship of Dr. Ralph Miller, be expanded to include the entire Board of Editors of the *Hippocrat.*

2. That programs similar to the one presented recently by the Medicolegal Committee be repeated from time to time.

3. That the recommendations of the Chairmen of the six committees, be seriously considered for acceptance, tonight, even if this necessitates a change in the by-laws of the Society.

4. That provision be made for a gradual reshuffle of the membership of these various committees.

5. That serious consideration be given to the desirability of establishing a Disability Evaluation Committee. If this is not deemed feasible, then perhaps this activity might be undertaken by an enlarged Medico-legal Committee.

6. That inasmuch as there is of necessity some overlapping of interests of the various committees, it is suggested that the overall coordination and correlation of all these committees might be best accomplished by the office of the Vice President of the Hampden District Medical Society.

Roger H. Cheney, M. D.
Chairman

NEW MEMBERS

The Society welcomes the following new members. Individual "Who's Who" will appear in the next few issues of the Hippocrat.

Dr. Paul J. Audette, 1570 Main Street

Dr. Paul M. Burke, State Sanatorium, Westfield

Dr. James G. J. Gallagher, 83 Longhill Street

Dr. Michael Green, 32 Spring Street

Dr. John F. Griffith, 69 Chestnut Street

Dr. Lee Hirsch, 130 Maple Street

Dr. G. Burton Appleford, 90 South Street, Ware

PANEL ON ALCOHOLISM

On May 8th, the Rehabilitation Committee of the District Society in cooperation with the Springfield Newspapers, Springfield Rehabilitation Centre, Chamber of Commerce and Alcoholics Anonymous held a question and answer and panel meeting on the alcoholic patient.

The great need of social follow-up was stressed by all speakers which included Dr. David J. Myerson, Mr. Charles W. Gaughan, Mr. Harold W. Demone and Dr. Jerome A. Whitney. Dr. Joseph P. Derby acted as moderator.

The Springfield Newspapers continue to show outstanding aid in public medical education.

Jerome A. Whitney, M. D.

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Springfield

COMMITTEES, 1957 - 58

by President Allen S. Johnson, M. D.

One of the most important functions of the newly elected president is the selection and appointment of committees. This job is not always as easy as may seem. In the interest of efficiency the first temptation is to retain men of proven worth. This is often justifiable, particularly in the case of special committees whose purpose is yet to be accomplished. The first drawback to such a policy, however, is that it may lead to a sorely overworked, self-perpetuating oligarchy. Then again, hidden talent may remain undiscovered. And finally, the rest of the membership may lose interest in the affairs of the Society. The principles of a democracy and the vitality of the Society are best preserved by a gentle reshuffling of committee personnel. Our thanks to you who have served. Our welcome to you who are facing your baptism of fire.

According to our organizational structure not all committees are appointed by the president. The Executive Committee, for instance, is elected by the membership (Hippocrat, May issue). The Board of Editors, on the other hand, is elected by the Executive Committee. The list below, therefore, includes only those committees appointed by the president. The Nominating Committee, in accordance with our by-laws, will be appointed at the next meeting of the Society.

STANDING COMMITTEES

Public Relations Committee

Joseph M. Baker, Chairman; Oliver J. Menard, Alternate; William P. Davis, Richard J. Mahar, Holyoke, and William J. Devlin.

Legislative Committee

Louis E. Hathaway, Chairman; Alfonso A. Palermo, Samuel F. Potsubay, Holyoke, Clarence J. Keefe, and Herbert R. Toombs, Westfield.

Women's Auxiliary Committee

James J. Visconti, Chairman, West Springfield, John W. Turner, Azel P. Barney, George L. Ross, Holyoke, and Aldo Leani.

SPECIAL COMMITTEES

Supervision of Red Cross Blood Bank Program

Joseph Rini, Chairman, West Springfield, William Kaufman, H. Paul Wakefield, Holyoke, Robert J. Carpenter, and Edward F. Caruso.

Procurement & Assignment

Samuel R. Feldman, Chairman, Charles A. Diamond, West Springfield, Leroy J. Kendrew, and Noah N. Feldman, Holyoke.

Blue Shield District Professional Service

William F. Donoghue, Chairman, Samuel R. Feldman, and Samuel F. Potsubay, Holyoke.

Emergency Medical Service

Peter S. Zarecki, Chairman, Jacob J. Arenstam, Westfield, Bronislaus A. Galuszka, Chicopee, George L. Ross, Holyoke, and Leopold O. Genest, Indian Orchard.

Health & Accident Insurance

William J. Cosgriff, Chairman, Jacob J. Arenstam, Westfield, Robert F. Cahill, Ralph T. Miller, Ware, and Joseph F. Zielinski, Holyoke.

Meutal Health

Olive A. Cooper, Chairman, Jerome A. Whitney, Morris V. Borenstein, Joseph V. Baldwin, Charles C. Derrick, and Myles H. Illingworth.

Rehabilitation

Joseph P. Derby, Chairman, William A. R. Chapin, John C. Ayers, Edward J. Ferrarone, Francis E. Hurley, Elmer F. Franseen, Frank J. Jordan, Joseph W. Kresook, and Jerome A. Whitney.

Special Study

Wayne C. Barnes, Chairman, Roger H. Cheney, John A. Burke, Holyoke, Robert D. O'Malley, Holyoke, Parker C. Carson, Eugene W. Beauchamp, John W. Turner, Ralph T. Miller, Ware, Leroy J. Kendrew, John E. Leary, and Meran Nakashian, Ludlow.

AUXILIARY DOINGS

Mrs. William J. Devlin took office as new president of the Women's Auxiliary to the Hampden District Medical Society at the annual meeting held April 30th at the Yankee Pedlar Inn, Holyoke. Mrs. George Ross, retiring president, conducted the business session. The nominating committee under the chairmanship of Mrs. James Visconti presented the new slate of officers for the coming year: President, Mrs. Devlin; president-elect, Mrs. Elmer Franseen; recording secretary, Mrs. James Hartshorn; corresponding secretary, Mrs. Walter Mozden; treasurer, Mrs. Leon Kruger and assistant treasurer, Mrs. Harry Baker. Directors for one year are Mrs. Ross, Mrs. Aurel Lavoie and Mrs. Edmund Gillis. The slate was approved by the members.

Mrs. Hartshorn, recording secretary, reported the events of the auxiliary for 1956-57, Mrs. Edward McHugh, historian, presented the year book (newspaper clippings and articles of the activities for the past year). Mrs. Charles D'Avanzo and her committee announced ten awards for nurses scholarships this year from the proceeds of the White Cap Ball. Mrs. George Ross was presented a lovely silver tray in behalf of the executive board in appreciation of her warm and able leadership.

* * * *

Mrs. Devlin announced the appointment of the following members to serve on the board for the coming year at a Board Meeting held at the Old House on the Green, Longmeadow, on May 14th. American Medical Education Fund, Mrs. Roger Dudis; auditor, Mrs. Thomas Reilly; civil defense, Mrs. Bruce Alicandri; finance, Mrs. Maron Nakashian; health careers, Mrs. John Maloney; health education, Mrs. Charles Diamond; historian, Mrs. Edward McHugh; hospitality, Mrs. Kenneth Fletcher, Jr.; legislation, Mrs. E. U. Dillenback; membership, Mrs. H. E. Gaudreau; mental health, Mrs. Malcolm S. Allan; necrology, Mrs. Edward Ferrarone; nominating, Mrs. Edward Halton; nurse recruitment teas, Mrs. Frank J. Jordan, Jr.; Nursing scholarships, Mrs. Charles D'Avanzo; parliamentarian, Mrs. Alfred Glickman, Program, Mrs. James Visconti; publicity, Mrs. Leslie M. Parent; public relations, Mrs. George Sotirion; speakers bureau, Mrs. Aldo Leani; telephone, Mrs. Leonard Jagoda and Today's Health Magazine, Mrs. Ira I. Chamberlain.

Mrs. William J. Devlin

Mrs. Roger Cheney as State Auxiliary President spoke at this meeting and reported her great pride in our Hampden District Auxiliary. We have topped many district auxiliaries in all fields of endeavor. She asked that particular effort be put into nurse recruitment, health careers and health education. In her message to all districts Mrs. Cheney stated it was her "wish that we as doctors' wives shall be appreciative of the privilege and responsibility we have in helping those closest to us — our husbands — so that the Auxiliary, in carrying out its program, may always in some measure approximate the high standards maintained by the Massachusetts Medical Society."

Mrs. Leslie M. Parent,
Chairman, Publicity

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the logical combination for antibacterial therapy and antifungal prophylaxis

what is it?

the **phosphate complex** of tetracycline

FOR INITIAL ANTIBIOTIC BLOOD LEVELS
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MYSTECLIN V

Squibb Tetracycline Phosphate Complex (Sumycin) + Nystatin (Mycostatin)

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Because it provides highly effective broad spectrum antibiotic therapy for many common infections

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MYSTECLIN V

Squibb Tetracycline Phosphate Complex (Sumycin) + Nystatin (Mycostatin)

Each capsule contains tetracycline phosphate complex equivalent to 250 mg. tetracycline hydrochloride and 250,000 units Mycostatin.

Minimum adult dosage: 1 capsule q.i.d. Bottles of 16 and 100.

SQUIBB Squibb Quality—the Priceless Ingredient

'MYSTECLIN'®, 'SUMYCIN' AND 'MYCOSTATIN'®. ARE SQUIBB TRADEMARKS

WOMAN'S AUXILIARY COMMITTEE

Annual Report (Abstract)

The Auxiliary was responsible for the introduction of two projects, namely Health Education and Health Careers.

The Auxiliary was active in contacting people in the district regarding the Pound Bill.

The usual White Cap Ball netted $1365.00 and this enabled it to give eleven scholarships and one practical nursing scholarship to students in this area.

The Auxiliary worked diligently and cooperatively with the Health Forums, Publications, Mental Health and Civil Defense Committees.

Its membership (320) is the LARGEST in the state.

James J. Visconti, M. D.
Chairman

FORE!

Three (3) golf tournaments for medicos are in the offing.

June 12. The Pfizer Physicians Golf Tournament will be held on Wednesday, June 12, at the Wyckoff Park Country Club, Holyoke. The program consists of: Teeing off (11-1:30 P.M.); Musical interlude (6-7:00 P.M.); Steak dinner and prizes (7:00 P.M.).

June 19. The tenth annual golf tournament of the Wesson Memorial Staff will be held at the Oxford Country Club on Wednesday, June 19. Play will start at 1:30 P.M. to be followed by dinner at 7:30 P.M.

June 26. The Mercy-Springfield Hospital golf tournament will be held this year at the Springfield Country Club on June 26. Tee time is 1:30 P.M.

* * * *

Dr. Lawrence A. Putnam, Holyoke, posted a hole-in-one at the Wycoff Park Country Club on Wednesday, May 15.

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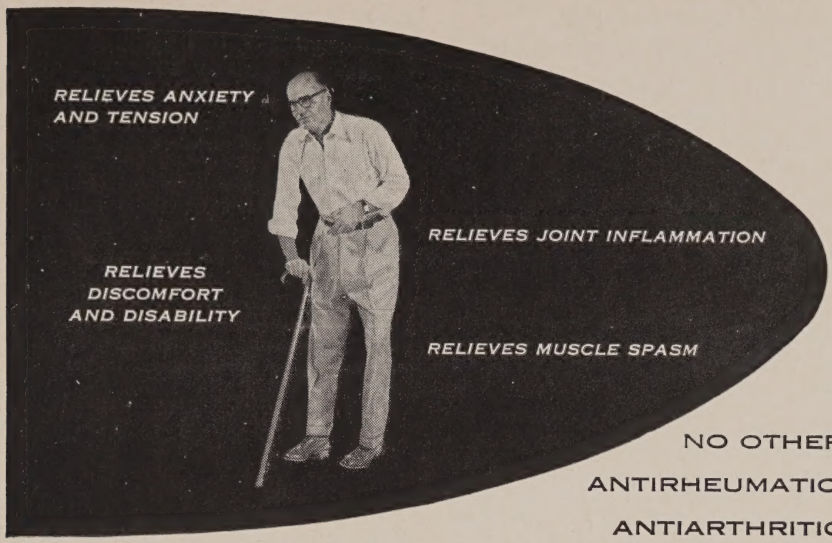

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Each Multiple Compressed Tablet of 'MEPROLONE' provides the antiarthritic, antirheumatic benefits of:

1. *Prednisolone buffered*—the newest and most potent of the "predni-steroids" for prompt relief of joint pain and arrest of the destructive inflammatory process.

2. *Meprobamate*—the newest and safest of the muscle-relaxant tranquilizers—relaxes accessory musculature in spasm—eases mental tension and anxiety, so often manifest in patients with rheumatic, arthritic disorders.

Indications: Rheumatoid arthritis, rheumatoid spondylitis, Still's disease, psoriatic arthritis, tenosynovitis, myositis, fibrositis, intractable asthma, respiratory allergies, allergic and inflammatory eye and skin disorders.

Dosage: 1 or 2 tablets 3 or 4 times daily.

Supplied: Multiple Compressed Tablets in bottles of 100 in two formulas as follows: 'MEPROLONE'-1—1.0 mg. of prednisolone, 200 mg. meprobamate and 200 mg. dried aluminum hydroxide gel. 'MEPROLONE'-2—provides 2.0 mg. of prednisolone in the same formula.

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MSD

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FLEXIBILITY OF IMMUNIZATION SCHEDULES

Immunization schedules generally follow fixed routines to fit the convenience of the physician and patient and to conform to desirable patterns of good patient supervision under ordinary circumstances. Frequently the question arises as to what extent can time intervals between injections be varied without endangering the effectiveness of immunizations.

The Committee on the Control of Infectious Diseases of the American Academy of Pediatrics recommends that combined immunizations against diphtheria, pertussis, and tetanus be given "at intervals of not less than one month and preferably not more than three months." Most official public health programs set the maxim permissible time interval between injections in the primary DPT series at one month.

Opinions differ as to the level of antitoxin in the blood serum necessary to confer immunity against diphtheria and tetanus. However, the evidence available points to as high or higher levels of antibody response when the interval between doses is prolonged as when the interval is the length usually recommended for primary immunization. Several studies have demonstrated that with intervals varying from three to twelve months between injections of DPT, combined or separate, in the primary course yield an excellent antibody response. There is also evidence that when the time interval between primary injections is increased, a higher immediate antibody level is produced by a stimulating booster injection given as much as seven years later.

From this evidence one would conclude that telescoping of injection schedules has value chiefly for the convenience of physicians and patients, for emergency situations, or for producing immunity in infants as rapidly as possible at a time when the hazards are likely to be the greatest for the infants. Many immunologists believe immunization is less likely to be effective when the intervals between doses are relatively short rather than long. With the above in mind, therefore, if doses of antigens cannot be given at the usual time intervals, or if one injection is omitted, it does not necessary follow that the entire series of primary injections must be re-started and completed in the usual sequence in order to attain effective immunization levels.

J. C. Ayers, M. D.

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MENTAL HEALTH COMMITTEE

Annual Report (Abstract)

At the 1956 meeting of the Society, it was voted that measures be taken to obtain a state psychiatric clinic at the Springfield Municipal Hospital. Such a bill is now before the general court.

Steps have been taken to centralize all public psychiatric and rehabilitative services at this hospital. A request has been made to have Western Massachusetts receive a share of federal funds for mental health allocated to the state for distribution.

The Committee recommended:

1 Developing more effective communication and closer relationships between psychiatrists and practitioners in other branches of medicine.
2. Appointing a co-ordinating group from the District Society whose function would be to formulate better working relationships between community agencies dispersing psychiatric services and the District Society.
3. Participation by selected members of the Mental Health Committee in the psychiatric planning of the United Fund and related organizations within the area.
4. Protection of the public from exploitation by individuals inadequately trained in psychiatry.
5. Arranging periodic conferences and follow-up reports between Chairmen of all Committees within the District Society, to insure effective integration of the efforts of each group.

Olive A. Cooper, M. D.
Chairman

COMPLIMENTS

Ernest A. Byron

SPRINGFIELD

MEDICARE BLUES

Since Dec. 7, 1956, all legal dependents of men serving in our armed forces have been eligible for medical, surgical and hospital beenfits under the Medicare Plan. It is generally agreed that more relief from such expense is essential for service personnel, but the method of supplying such relief has caused some debate in Medical Circles. Many physicians feel that it makes an excellent opening wedge for socialized medicine, with all government employees being considered eligible for future coverage.

As for the present plan as applied in Massachusetts, several drawbacks are already evident. First of all, the form to be filled out is one of the most complex which has ever crossed a doctor's desk, with numerous small items to be filled in, and of course, in duplicate.

Secondly, after 3 months of submitting forms they have suddenly all been returned to the sender, because the physician's Blue Shield number was not written on them, altho it was not requested in the first place.

Finally, altho early payments were promised, there has been a great lag in payments, with many far overdue at this writing.

It is to be hoped that these are initial difficulties which will disappear once the early days are over, but it might also be wise for all of us to remember that we have started dealing wtih the government, and that watchfulness and caution are very necessary if we are to preserve our traditional freedom as physicians.

J. A. Burke, M. D.

* * * *

PATRONIZE OUR ADVERTISERS AND MENTION THE HIPPOCRAT.

ACADEMY ELECTS

At its annual meeting on Tuesday, May 14, 1957, the Springfield Academy of Medicine elected the following officers: President, Dr. Wayne C. Barnes; President-Elect, Dr. Thomas F. Reilly; Vice-President, Dr. Donald R. Hayes; Secretary, Dr. George B. Corcoran; Treasurer, Dr. Charles C. Derrick.

In his annual report the chairman of the program committee, Dr. Wayne C. Barnes, announced that during the coming year Clinics will be given by the various guest speakers between 5 and 6 in the afternoon, prior to the regular meeting. These Clinics will be held at the Mercy, Springfield and Wesson hospitals.

Following the usual business of the annual meeting the subject of "Pre-Malignant and Malignant Lesions of the Breast and Colon" was presented in the form of grand rounds (Sound Movie).

HEALTH AGENCIES

"Health agencies can't get very far with their programs without the co-operation of the doctors in their community . . . . If you are planning a new health agency consult with local physicians first rather than later, after the agency has already been formed . . . . Be careful not to start a new health agency for some rare disease . . . Health agencies often spend too much time and energy in fund raising and not enough in service . . . . Health education is the key to success in all public health work but knowledge without motivation doesn't work . . . ."

(From a recent address before Health Section of the Springfield Community Council by Dr. W. W. Bauer, Director, Bureau of Health Education of A.M.A., and Editor of "Today's Health.)

CORRESPONDENCE

Summer Camping for the Physically Handicapped

Dear Hippocrat:

The United Cerebral Palsy of Western Massachusetts will operate an expanded residential Camping Program for Cerebral Palsied and other physically handicapped children and adults during the summer of 1957 at Goshen, Massachusetts.

Camping for the physically handicapped has as its objectives, the following: To provide opportunities for recreation and socialization, outdoor living experience, stimulation of wider interests, constructive development of independence and initiative outside of the home, and the development of a sense of personal worth.

This recreational camping program, adapted to the special needs of the handicapped, will provide such activities as; swimming, adapted sports and games, arts and crafts, nature study, music, dramatics, dancing, and special events.

Camp Jollee will accommodate a total of 48 male and female campers each session. The sessions are arranged according to age groupings. They are:

Junior Camp—2 weeks - Ages 7 thru 11

Intermediate Camp—2 weeks - Ages 12 thru 16

Senior Camp—2 or 4 weeks - Ages 17 thru 35

Enrollment will not be limited to the cerebral palsied alone, but will include persons afflicted with polio, muscular dystrophy, multiple sclerosis, spina bifida, congenital anormalties, amputees, etc.

For further information contact United Cerebral Palsy, 1400 State Street, Springfield. Tel. STate 8-9695.

Frank M. Robinson, Camp Director

How Senators Voted

Dear Hippocrat:

The following State Senators from your area voted in favor of licensing chiropractors.

1. Stanley J. Zarod—Springfield
2. Maurice A. Donahue—Holyoke
3. Otto F. Burkhardt—Westfield

It was a voice vote on the pound bill, hence no names are available.

Everett R. Spencer, Jr., Director
Public Relations and Administration
Mass. Medical Society

THE BLUE SHIELD APPROVAL

At the annual meeting of the Council of the Massachusetts Medical Society held at Boston's Hotel Statler on May 20th, the report of the Blue Shield committee was re-submitted in considerate accession to the petition of four councilors from Hampden. We felt that approval at the previous meeting was voted too swiftly to permit those who questioned such action to study and to discuss the matter. Preliminary hearings were arranged at noon to permit the petitioners to appear before the committee, and at the meeting the privilege of the floor was granted to all councilors who wished to air their views. The legality of the action was certified by official counsel.

Norman A. Welch, current President of Blue Shield, gave a splendid accounting of the development and progress of this our own organized effort to provide prepayment insurance without governmental compulsion. Charles G. Hayden answered questions with commendable restraint, and pointed out the benefits that have accrued because of this organization. Leland S. McKittrick spoke forcefully in favor of the report. Between the three speakers several points were made clear. Blue Cross-Blue Shield policies cover groups that receive too little income to interest private companies. Governmental coverage would increase expenses.

Furthermore, the State Commissioner of Insurance is asserting in the public press that Blue Shield surpluses should be used to reduce rates to subscribers rather than to be appropriated for building or other uses; that the governing board should be controlled by appointees of the State Governor. In view of his opposition, one can surmise the reluctance of the General Court to grant increases in rates. In other words, the present is no time for divided support by doctors themselves. The fact of the two to one vote in approval of the committee report is good evidence that the rank and file will act with intelligence when they know the facts and can talk them over, whether the problems are medical or civic.

S.Q.L.

G-P CORNER

On Friday June 14, 1957 at 8:30 P.M. the Springfield Regional Chapter of the American Academy of General Practice will sponsor a symposium, "Relations Between G.P.'s and Specialists", at the Springfield Hospital auditorium (third floor). Members of the Panel will include: Doctors Lawrence Putnam, Joseph Derby, George Vassos, Jr. and Warren Platt. Dr. John David, president of the local G. P. group will act as Moderator. The Springfield Hospital has kindly consented to provide refreshments. All members of the Hampden District Medical Society will receive invitations to this symposium. The committee in charge would greatly appreciate early return of reply cards to facilitate the planning of arrangements.

* * * *

The *national* canine population is currently growing four times as fast as the human population. Almost every other household has a dog, and 15 per cent have two. Bul. for Med. Research

THE VITALITY OF SPRINGFIELD — STATISCALLY SPEAKING —

An unofficial analysis by the Springfield Health Department of the City's deaths during the year 1956 revealed that 1,866 persons died for a crude death rate of 11.6 per 1,000 population.

The following is a tabulation of the ten leading causes:

Deaths of Springfield Residents -1956

1.	Diseases of the Heart	717
2.	Malignant Neoplasms	247
3.	Cerebrovascular lesions	201
4.	Accidents	80
5.	Infections of skin and subcutaneous tissue	76
6.	Pneumonia	65
7.	Diseases of early infancy	53
8.	Aortic aneurysms, non-luetic	34
9.	Arteriosclerosis	22
10.	Diabetes Mellitus	17
	Other Causes	99
	Total residents dying in the City	1,641
	Resident daths occurring elsewhere	225
	Total	1,866

Of the 1,641 residents dying within the City, 25% were 80 years of age or above; 27%, 70-80 years; and 22%, 60-70 years. This means that almost three fourths of those dying were 60 years of age or above with cardiovascular diseases predominating by far.

Death statistics, however, are notoriously deceving indicators of a community's health status inasmuch as death is merely a small portion of the biologic gradient of a disease process. Reliable morbidity statistics would yield a more accurate picture, but criteria for measuring same are difficult to obtain. However, should one use "days of disability" as a criterion of morbidity, then according to the United States Public Health Service the five leading disabling diseases are respectively cardiovascular, neuropsychiatric, minor respiratory, general infections, and locomotor system diseases. Irrespective of criteria used, cardiovascular disease is our number one health problem.

As one looks at the beginning of the life span, one finds that 73 Springfield children died before their first birthday during 1956. This is 4.4% of the total number of deaths with an infant mortality rate of 17.92 deaths per 1,000 live births. This infant mortality rate is amongst the lowest for the State and the Country.

It might be added that only two mothers were lost during the year as a result of pregnancy for a maternal mortality rate of 0.47 per 1,000 live births. Moreover, 4,241 new live residents were added to the City's population.

In summary, it might be said that Springfield residents live relatively long and succumb eventually to cardiovascular disease for the most part. Newborns have a good chance of surviving their first year of life and going on to adulthood. Pregnancy is relatively non-hazardous to mothers.

The aforesaid undoubtedly can be extended to include the entire area, and is a glowing tribute to the physicians and health facilities of the area.

J. C. Ayers, M. D.

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